

****Please be advised that the use of these forms may not be proper for your specific legal situation****
 ****Please make an independent determination whether use of these forms is appropriate****

UNITED STATES DISTRICT COURT
 DISTRICT OF NORTH DAKOTA

Zsven koy Slivicki
 (Enter full name of each Plaintiff, above)

vs.

Fargo VAMC
 US Department of Veterans
 Affairs & Regional
 Office Center, Fargo ND

Robert Wilkie Sec of
 Veterans Affairs
 (Enter full name of each Defendant, above)

US Department Labor
 Office of Admin Law Judge

Civil Case No. _____
 (To be assigned by Clerk of Court)

§ JURY TRIAL DEMANDED ☒ Yes ☐ No
 (Check one)

COMPLAINT

I. JURISDICTION. State the grounds for filing this case in Federal Court (include federal statutes or U.S. Constitutional provisions).

VA failed to comply with 09/14/04 Ralph Erickson
 3:04 cv 00147 and West law slip copy, 2006 WL 2780113 (13th
 Reassignment: Required to let me back to work
 the Fargo VAMC appeal - denied in entirety. I have applied
 20+ contempt of court, breach contract non compliance
 continued disparate treatment. Never updated OWB
 20 years plus
 department labor - I updated the agency does not
 defend my employee rights & owes me 1468 from
 SAMPLE COMPLAINT approving chuo for back injury then
 never pay. VA has medical never gives court document
 60% permanent injury violates FEC 5 USC 8101
 of sec. Never compensated for the page long list of injuries
 denied for the US of "believes" them to be true.
 I currently need 2 surgeries on feet. Court made decision
 100% disability and given 2006 & still not come

II. PLAINTIFF. For each Plaintiff list: name and address including City, County and State.

Jason Kay Strivick
11621 76th ST NE
Fairdale ND 58229

III. DEFENDANT. For each Defendant list: name and address including City, County and State.

Robert Wilkie
Sec of Veterans Affairs
810 Vermont Ave
Washington DC
20420

Respondent
US Department of Veterans
Affairs Medical & Regional
Office Center,
Fargo ND,

US Department of Labor
Office of Administrative Law Judges
800 K Street NW Suite 400N
Washington DC 2001-8002

IV. CLAIM. State the facts of your claim. Include the name of each person involved, dates and places. Be as specific as possible. Do not give any legal argument or cite any cases or statutes. Use additional sheets of paper if necessary.

09/14/06 Fargo VMC was found guilty of wrongfully termination, non accommodation of OWCP injury to my right foot/side (60%) disabling, unfair hiring practices disparate treatment (disability), EEOC retaliation my sister Lebra Montplaisir Agent cashier Fargo VA (hostile work envior non-prom), defamation of character/slander neg unfair job test cost \$42,500 MN workforce)

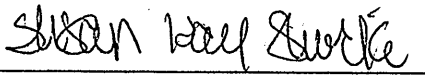
OWCP notified able to work. repeatedly put on vac rehab ignored. Ignored wrongfully terminated, not accommodated for OWCP per FEC 5 USC 8101 et seq permanent injury court 09/14/06 60% right foot. No compensation 14 years later.

V. ADMINISTRATIVE PROCEDURES. If applicable, state whether your claim was heard by any administrative agencies; the type of proceedings; the date and place of any proceedings; the outcome of any administrative proceedings.

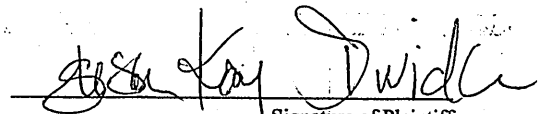
EEOC made me file new number vs. relation Amerind close ORM breach contract - sending to court report labor sending to ECA B denied OWCP sending to court as regulations, compliance and laws not followed. requesting my rights to be acknowledged.

VI. RELIEF. State what you want the Court to do for you.

Damages made while respectfully court cost attorney fees waiver due to cost paid 53,500 to attorney 2007 court as student. Received 75,000 and VA Non compliance of putting me back to work. Breach contract. These individuals have shown they feel they are above the law for disabled individuals. It has been 20 yrs my attorney passed away, shortly after hearing. I am a disabled veteran, listed remedies in reply to closure. Taken to small claims 3 times this year for VA Bills medical this year media states the employees are suing bill for compliance of Agencies, Rules & Regulations need to be followed by all and the leaders need to set the example. These Agencies should not be above the laws. Thank you

VII. SIGNATURE. Each Plaintiff must individually sign this complaint.Signed this 29th day of APRIL, 2020


Signature of Plaintiff



Signature of Plaintiff

Printed Name of Plaintiff

11621 76th ST NE

Mailing Address

Fairdale ND 58229

City, State, Zip Code

(701) 466 2539

Telephone Number of Plaintiff

(701) 360 0766

SAMPLE COMPLAINT

Printed Name of Plaintiff

Mailing Address

City, State, Zip Code

Telephone Number of Plaintiff